SAMPLE PROGRAM for General Industry
The parts in italics are written as an example, they are not OSHA requirements

Developed by the
Arkansas Department of Labor
OSHA Consultation / Industrial Hygiene

Bloodborne Pathogens Exposure Control Plan

I. Purpose

The purpose of this exposure control plan is to establish guidelines that will eliminate or minimize occupational exposure to blood or other potentially infectious materials at _____*ABC Company, Inc.*_____.

_____*D.K. Cornel, Safety Manager*_____ is responsible for assuring that all of the guidelines in this program are followed.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact (piercing mucous membranes or the skin barrier through events as needle sticks, human bites, cuts, and abrasions) with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) include the following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids where it is difficult to differentiate between body fluids. It also includes any unfixed tissue, organ, or body part.

II. Exposure Determination

Employees in the following job classifications may have occupational exposure to blood or other potentially infectious materials while performing their jobs.

_____*first aid responders*_____
_____*janitorial staff*_____
_____
_____
_____

III. Methods of Compliance

Universal precautions will be observed by everyone at this facility to prevent contact with blood or other potentially infectious materials. **All human blood or other potentially infectious materials are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.**

A. Engineering and Work Practice Controls

The following engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility.
** sharps containers in the first aid room.*
** If you have any, list specific work practices, special tools to use, and techniques that you will use to reduce the amount of blood produced during procedures, the amount of spattering during procedures, etc.*

D.K. Cornel, Safety Manager will be responsible for examining and maintaining or replacing the engineering controls on a *weekly* basis to ensure their effectiveness.

1. Handwashing

Handwashing facilities are readily accessible to employees who may incur exposure to blood or other potentially infectious materials *in the first aid room sink and in the restroom sinks*.

a. Employees are required to wash their hands with soap and water immediately or as soon as feasible after removal of gloves or other personal protective equipment where blood was present.

b. Employees are required to wash their hands or other skin or flush mucous membranes with water immediately or as soon as feasible following any contact with blood or OPIM.

2. Needles & Other Sharps

a. Contaminated needles and other contaminated sharps (such as tweezers) shall not be bent, recapped, removed, sheared, purposely broken, or touched with the hands.

b. Sharps containers must be puncture resistant, leakproof on the sides and bottom, and be labeled with a biohazard label or color-coded.

c. Immediately or as soon as possible after use, contaminated needles or other disposable contaminated sharp will be placed in ___*the SHARPS container in the first aid room*_____ for disposal.

d. Immediately place reusable contaminated sharps (like tweezers) in _____*the DECONTAMINATED SHARPS container located on the cabinet in the first aid room* _____ .
   1. *Fill the container with bleach so that it covers the contaminated reusable sharps.*
   2. *After the sharps have set in the bleach for at least 10 minutes, they can be removed with a tool, rinsed with water and placed in the first aid cabinet to be used again.*

3. Work Area Restrictions

There is a reasonable likelihood of exposure to blood or OPIM ____*in the first aid room* _____. Employees are not allowed to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in this area. Food and beverages are not to be kept on shelves, cabinets, or on counter tops in this area.

4. Contaminated Equipment

All equipment that has or may have become contaminated with blood or OPIM will be examined prior to servicing or shipping. The equipment must be decontaminated. If decontamination is not feasible, a biohazard label must be attached to the equipment that cannot be decontaminated, that tells which portions of the equipment are contaminated.

B. Personal Protective Equipment

Personal protective equipment (PPE) will be offered free of charge to employees who have occupational exposure. _____*D.K. Cornel*_____ will inventory the PPE supplies ___*weekly*___ to assure an adequate supply is always available. PPE supplies are located _____*in the supply closet*_____.

PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the personal protective equipment will be used.

If any PPE or other garments are penetrated by blood, they must be removed immediately or as soon as feasible. All PPE must be removed prior to leaving the work

area.

1. Gloves

   Gloves must be worn where it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin, mucous membranes, and when handling or touching contaminated items or surfaces. They must be replaced if they are torn, punctured, or when their ability to function as a barrier is compromised.

   Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

2. Eye, Face and Body Protection

   Masks, eye protection devices (such as goggles or glasses with solid side shields), or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

3. PPE Used for Specific Jobs

   At this facility, the following PPE will be worn during the procedures listed:

JOB	PPE Required
first aid	*gloves & safety glasses*
accident clean-up	*gloves & safety glasses*

4. PPE Disposal

   All PPE will be disposed of by the employer at no cost to the employees.

   When PPE is removed, it must be placed in *the biohazard waste box in the first aid room* . The container must have a biohazard label on it or be color-coded (a red bag).

C. Housekeeping

This facility will be cleaned and decontaminated according to a regular schedule.

All equipment and contaminated work surfaces will be decontaminated after completion of first aid procedures and immediately or as soon as feasible after any spill of blood or OPIM.

In this facility, _____*a 1:10 solution of bleach and water, mixed fresh daily*____ will be used to clean and decontaminate surfaces and equipment.

The schedule for cleaning and decontamination is as follows:

Area or Equipment	Cleaning Frequency
_____*first aid room cabinet tops*_____	_____*daily*_____
_____*first aid room trash can* __ _____	_____*daily*_____
_____ _____ _____	_____ _____

1. Regulated Waste Disposal

   Contaminated sharps will be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on the sides and bottom, and labeled or color-coded. Disposable sharps will be placed in _*the SHARPS containers located in the first aid room*_____ .

2. Other Regulated Waste

   Other regulated waste (such as contaminated gauze, gloves, bandages, towels or rags, etc.) will be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during storage, or shipping.

   Regulated waste will be placed in _____*the biohazard waste box in the first aid room (lined with a plastic biohazard bag)*_____ .

   Waste will be disposed of by the following procedure.
   [List the procedure that you will use to get rid of the biohazard waste. Will a waste contractor come get it? …if so, where and how will you store the waste until they pick it up? Will you decontaminate it yourself? …if so, what are your procedures, etc.]

   1. *Wearing impervious gloves and safety glasses, place all waste in the plastic biohazard bag.*
   2. *Place the biohazard bag in the leak-proof plastic trash container in the first aid room.*
   3. *Pour bleach into the biohazard bag in the container so it completely covers the contaminated waste.*
   4. *Let the contaminated waste sit in the bleach for at least 10 minutes.*
   5. *Pour the bleach down the drain (while retaining the waste materials in the bag).*
   6. *Use additional bleach to clean and decontaminate the plastic trash container if any blood leaked out of the biohazard bag.*

7. *Place the biohazard bag with the waste material into a box and seal the box.*
   Write "Decontaminated Medical Waste" on the box and place a company label on the box that lists the company name and complete address.
8. *Dispose of the box in the regular trash.*

3. Laundry

Laundry contaminated with blood or OPIM will be handled as little as possible. Employees will place contaminated laundry in bags which are labeled or color-coded. These bags are located _____*in the first aid room*_____.

[(If you use an outside laundry service, make sure your contract with them states that they use universal precautions [assumes that all laundry is contaminated] and that they have been informed about the possibility of blood in your laundry and the meaning of your labeled or color-coded bags.)]

IV. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up

A. Hepatitis B vaccine and vaccination series are available to all employees who have occupational exposure. A post exposure evaluation and follow-up is available to employees who have had an exposure incident and will be:

1. Made available at no cost to the employee at a reasonable time and place;
2. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
3. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

B. Hepatitis B Vaccination

Hepatitis B vaccination is available to employees after they have received training in occupational exposure and within 10 working days of initial assignment (unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.) If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

Employees can decline the Hepatitis B vaccination. If an employee initially declines the vaccination but at a later date, while still covered under the standard decides to accept the vaccination, the vaccination will be made available at that time.

All employees who decline the Hepatitis B vaccination must sign the OSHA required

waiver indicating their refusal.

C. Post Exposure Evaluation and Follow-Up

All exposure incidents must be investigated and documented. Following a report of an exposure incident, the exposed employee will immediately receive a confidential medical evaluation and follow-up, including at least the following:

1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is not feasible (or prohibited by state or local law).
3. The source individual's blood will be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infection status. If consent is not obtained, _____*D.K. Cornel*_____ will document that legally required consent cannot be obtained.
4. When the source individual is already known to be infected with HBV or HIV, testing is not required.
5. Results of the source individual's testing will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

D. Information Provided to the Healthcare Professional

_____*D.K. Cornel, Safety Manager*_____ will ensure that the healthcare professional responsible for the employee's post exposure evaluation is provided with the following:

1. A copy of 29 CFR 1910.1030 (the Bloodborne Pathogen Standard);
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which the exposure occurred;
4. Results of the source individuals blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

E. Healthcare Professional's Written Opinion

_____*D.K. Cornel, Safety Manager*_____ will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for post exposure follow-up will be limited to the following information:

1. Whether or not Hepatitis B vaccination is indicated for an employee, and if the employee has received the vaccination;
2. A statement that the employee has been informed of the results of the evaluation; and
3. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All other findings or diagnosis are confidential and must not be included in the written report.

V. Communication of Hazards to Employees

A. Labels and Signs

Biohazard labels must be affixed to all SHARPS containers, waste containers, and other containers used to store or ship items containing blood or other potentially infectious materials. *D.K. Cornel* is responsible for labeling all containers.

The universal biohazard symbol must be used. The label must be orange or orange-red, with lettering or symbols in a contrasting color. Red bags or containers may be substituted for labels.

B. Information and Training

All employees who have occupational exposure will be trained at the time of initial assignment to tasks where occupational exposure may occur, repeated at least annually. Training must be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following information:

1. Access to a copy of the standard and an explanation of its contents;
2. A discussion of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of this Exposure Control Plan and the method for obtaining a copy of it.
5. An explanation of the methods of recognizing tasks that may involve exposure.
6. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
8. An explanation of the basis for selection of PPE.
9. Information on the Hepatitis B vaccination, including efficacy, safety, methods of administration, benefits, and that it will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up that will be made available.
12. Information on the evaluation and follow-up required after an employee exposure incident.
13. An explanation of the signs, labels, and/or color-coding systems used.
14. An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training must be knowledgeable in the subject matter. _____*D.K. Cornel*_____ is responsible for assuring the training is given.

Additional training will be provided to employees by __*the plant nurse or plant doctor* when there are any changes of tasks or procedures affecting the employee's occupational exposure.

VI. Recordkeeping

A. Medical Records

Medical records for each employee with occupational exposure will be kept _____*in the medical file in the small file cabinet in the office*_____.

The medical records will be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records will include the following:

1. The name and social security number of the employee.
2. A copy of the employee's HBV vaccination status, including the dates of vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A copy of the information provided to the healthcare professionals, including a description of the employee's duties as they relate to any exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

B. Training Records

Training records for each employee with occupational exposure will be kept _____*in the employees personnel file*_____.

Training records must be maintained for three years from the date of training. The following information will be documented:

1. The dates of the training sessions;
2. An outline describing the material presented;
3. The names and qualifications of persons conducting the training; and
4. The names and job titles of all persons attending the training sessions.

C. Availability

All employee records will be made available to employees. Upon hiring and annually thereafter, employees must be informed of their right of access to any medical and exposure records concerning them. They must be informed of the existence, location and availability of any records.

VII. Evaluation and Review

A. This Exposure Control Plan will be reviewed and updated at least annually to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

_____*D.K. Cornel, Safety Manager*_____ is responsible for annually reviewing and updating this program.